

Qualified Elevator Inspector Training Fund

7154 Columbia Gateway Drive
Columbia, MD 21046
888-511-3113 ext. 5



Authorization for Release of Information Form

I, _____, give full authorization to the Qualified Elevator Inspector Training Fund (QEITF) to furnish to the information listed below:

My examination score

Other (please specify):

I request that this information be released to:

Name:

Address:

City, State, Zip:

This consent is subject to revocation by the undersigned, and remains in force for 45 days from the date of the signature. By signing and dating this release of information, I allow the QEITF Program Administrator or his delegate to release the information listed above.

Certificate Holder's Signature

Date

Approved on 10/1/2013